

POSITION	ID NO.	DATE
CLASSIFIER	12	2/12/93
EXAMINER	357	8/11/93
TYPIST	360	2-26-93
VERIFIER	328	7-20
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	01 05 13 17 94 94
1 1	✓
2 2	
3 3	
4 4	
5 5	
6 6	
7 7	
8 8	
9 9	
10 10	
11 11	✓
12 12	0
13 13	✓
14 14	0
15 15	✓
16 16	✓
17 17	0
18 18	✓
19 19	✓
20 20	✓
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SYMBOLS

✓	Rejected
—	Allowed
- (through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final	
Original	
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